								i	Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10 811 870												
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL TYPE	ENTITY	OF	-	R THAN
Ŧ	OTAL CLAIM	S	11	11.			RATE		. FEE	٦	RATE	FEE
F	OR .	NUMBE	RFLED	NUN	NUMBER EXTRA		BASIC F	385.00	OF			
TI	OTAL CHARGE	/P "	ninus 20=	-	.0		XS 9:		OR	7245		
iNi	DEPENDENT (ELAIMS	(ninus 3 •			1	X43=		OR		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	1	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	L	720
1	CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)							SMALL	ENTITY	OR	OTHER	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE MUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	<u> 8 </u>	Minus	<u>- 2</u>	0.0	·		X\$ 9=		OR	X\$18=	
AM	Independent • Minus			3				X43=		OR	X86=	
	FIRST PRES	ESENTATION OF MULTIPLE DEPENDE			TCLAIM		上	+145=		OR	+290*	
								TOTAL	 	1	TOTAL	
(Column 1) (Column 2) (Column 3)								DOIT, FEE	<u> </u>	JOR .	ADDIT, FEE	
	CLAIMS HIGHEST								1.00	1		
בעל	•	REMAINING AFTER AMENDMENT		PREVIOU PAID F	ISLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.21	Minus	- 2	<u>0</u>	• */ :		X\$ 9=		OR	X\$18=	50
	Independent	• /	Minus		3	-	T	X43= ·	·	DR	X86=	<u> </u>
1	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	MILE		 		-		_	
				•			Ľ	145=		OR	+290-	أننج
<i>j</i> ,									لـــا	OR ,	TOTAL VOOIT, FEE	50
(Column 1) (Column 2) (Column 3)												
	•	CLAINS REMAINING AFTER AMENOMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	\[\]	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENUMEN	Total		Minus	2	2	.0	J,	C\$ 9=		OR	X\$18=	
	independent		Minus	-3		. 6	1	(43=	 		X86=	
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM CR												
. m -		·L+	145=		OR	+290=						
- 81	' If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Pald For" Of THIS SPACE is less than 20, entry "20," "If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, writer "3,"									OR .	TOTAL DOT FEE	
	DIS ADDINES INTO	nber Previously Pai ber Previously Paid	o for in the	5 3FACE IS N		3. enter 3. ·	•		repriste box			